



New Hampshire Volunteer River Assessment Program 2009 Individual VRAP Group Monitoring Plan

1. General Information

- VRAP Group: _____
- River(s)/Stream(s) to be Monitored: _____
- Town(s): _____
- Group Coordinator Name: _____
- Address: _____
- Phone: _____ E-Mail: _____
- Do you already have a water quality monitoring kit? If yes, how many? _____
- Will you be requesting a water quality monitoring kit on loan from VRAP? Yes No
- Is your larger group split into more than one group or team? If so, how many? _____

2. Sampling Stations

A. Existing Stations

- Please list any **existing** VRAP stations that you plan on monitoring in 2009.

Existing NHDES Station IDs can be found on your groups' webpage at:

<http://des.nh.gov/organization/divisions/water/wmb/vrap/data.htm>

NHDES Station ID (Example: 27-AMM)		
1.	11.	21.
2.	12.	22.
3.	13.	23.
4.	14.	24.
5.	15.	25.
6.	16.	26.
7.	17.	27.
8.	18.	28.
9.	19.	29.
10.	20.	30.

B. Addition of New Sampling Stations

- If monitoring **new** stations in 2009, please provide the following information **prior** to the sampling season so that VRAP staff may assign and provide your group with NHDES Station IDs **prior** to the commencement of your monitoring season. **In addition, please complete and submit the NHDES Station Identification Form for each additional new station. This form can be accessed at:** http://des.nh.gov/organization/divisions/water/wmb/vrap/documents/station_form.pdf

Location/Road Crossing	Town
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

3. Sampling Schedule

- What months of the year do you plan on sampling? (*please check all that apply*)

<input type="checkbox"/>	January	<input type="checkbox"/>	July
<input type="checkbox"/>	February	<input type="checkbox"/>	August
<input type="checkbox"/>	March	<input type="checkbox"/>	September
<input type="checkbox"/>	April	<input type="checkbox"/>	October
<input type="checkbox"/>	May	<input type="checkbox"/>	November
<input type="checkbox"/>	June	<input type="checkbox"/>	December

- How many times a month do you plan on sampling? 1 2 > 2

- Do you plan on sampling in wet-weather rain events? Y N

- Please provide VRAP with your ***proposed sampling dates***. If you will be sampling for additional parameters/laboratory samples, please indicate which dates you will be collecting these samples by circling Y or N.

Sampling Date	Lab Samples	Sampling Date	Lab Samples	Sampling Date	Lab Samples
1. ____ / ____ /09	Y N	6. ____ / ____ /09	Y N	11. ____ / ____ /09	Y N
2. ____ / ____ /09	Y N	7. ____ / ____ /09	Y N	12. ____ / ____ /09	Y N
3. ____ / ____ /09	Y N	8. ____ / ____ /09	Y N	13. ____ / ____ /09	Y N
4. ____ / ____ /09	Y N	9. ____ / ____ /09	Y N	14. ____ / ____ /09	Y N
5. ____ / ____ /09	Y N	10. ____ / ____ /09	Y N	15. ____ / ____ /09	Y N

4. Additional Parameters/Laboratory Sample Analysis Budget

- Unless determined otherwise, it is recommended that each group monitor at least the basic suite of water quality parameters which include: turbidity, pH, dissolved oxygen (% saturation and mg/L), water temperature, and specific conductance. If interested in collecting laboratory samples in addition to the basic suite of parameters, please provide VRAP with the following information. VRAP has a limited laboratory analysis budget and may be able to assist if financial assistance is requested.

Parameter	Number of Stations	x Number Sampling Events	= Total Number Samples
■ <i>Escherichia coli</i> (EC)			
■ Total Phosphorus (TP)			
■ Chloride			
OTHER (<i>List Below</i>)			

NH Volunteer River Assessment Program

29 Hazen Drive PO Box 95

Concord, NH 03301

P: (603) 271-0699 F: (603)271-7894

<http://des.nh.gov/organization/divisions/water/wmb/vrap/index.htm>

Last Revised 2/17/09